



## 4-H Youth Sailing Camp Registration

Sponsored by the Oregon Boating Foundation and the Yaquina Bay Yacht Club

**Applications must be received 14 days prior to class start date.** Maximum enrollment is five students. No refunds will be given after the application deadline (14 days prior to camp).

**Applicant must be able to pass swim test.** Swim Test Requirements: Fully clothed, student must be able to swim 50 yards (25 any style, 25 elementary back stroke), tread water or float without a life jacket for two minutes and then put on a lifejacket, all in deep water (depth over their head).

**Applicant must be between the ages of 10 and 18.** Exception can be made with recommendations from the Instructor.

**To register,** please complete page 2 of this document, indicating which course you wish to attend.

**Sailing Day Camp – June 23-27**

**Sailing Day Camp – August 4-8**

**Sailing Day Camp – August 11-15**



**When:** Monday – Friday, 9 am to 3 pm

**Where:** Newport Float House at Port Dock 7

**Cost:** \$200 (see page 2 for possible scholarship opportunity)

The 4-H Sailing Day Camp will provide a safe and enjoyable introduction to this popular and rapidly growing water sport. We will focus on learning through doing, including demonstrations, coaching, and practice of a variety of safety and rescue techniques as well as the necessary skills to maneuver the sailboats effectively.

This program is geared toward youth ages 8 through 18. Parents are encouraged to contact the lead instructor, Joe Novello, at [joenovello3@gmail.com](mailto:joenovello3@gmail.com) or 541-270-4040 regarding the suitability of this program for their youth.

Youth will need to provide the following

- wet suit (can be rented or borrowed)
- gloves (can be gardening type)
- booties
- life jacket
- swim suit
- towel

Additional recommended option equipment

- gear bag
- rash guard
- waterproof hat
- sunscreen
- sunglasses

Youth should bring their own food including morning snack, lunch, afternoon snack and the equivalent of two bottles of water. We will be in the sun and wind so students will need to be nourished and hydrated. Please avoid salty food such as chips (dehydration), soft drinks, and excessive sweets (candy).

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# **4-H Sailing Day Camp Registration Form**

Please submit all forms and payment at least 14 days before camp to\*:

**OSU Extension Service Lincoln County**

**4-H Kayak/Sailing Camps**

**29 SE 2<sup>nd</sup> Street**

**Newport, OR 97365**

*\*No refunds after application deadline (14 days prior to camp)*

Indicate which camp you would like to register for:

- Sailing Day Camp – August 4-8 (\$200)**
- Sailing Day Camp – August 4-8 (\$200)**
- Sailing Day Camp – August 11-15 (\$200)**

**Youth Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Parent/Guardian Name (EMERGENCY CONTACT):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **Financial Assistance**

Financial assistance is available. Eligibility is determined by participation in the Free Lunch Program. If your family is a participant in this program and you are interested financial assistance, please complete the following:

Full Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Enclose a written statement of why financial assistance is being requested.
- 2) State the amount you are able to pay for the class.
- 3) Enclose a check for the amount.

*This will hold your place in the class of interest until eligibility has been verified.*

# OFFICIAL 4-H HEALTH FORM

Rev. 9-09

County \_\_\_\_\_

Type of activity:     county/area     state     regional     national (check one)

Name of event/activity \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State Zip Code

Participant is:     Adult     Youth     Male     Female  
Grade Birth Date Home phone

Emergency Contact: \_\_\_\_\_  
Name Relationship  
 \_\_\_\_\_  
Daytime phone Evening phone  
 \_\_\_\_\_  
Cell phone Other

**Health Statement** (to be completed by parent, physician or adult participant)

Is the participant currently under medical treatment? (describe)	Yes	No	Does the participant have any history of respiratory illness? (describe)	Yes	No
Is the participant diabetic?	Yes	No	Is the participant subject to seizures of any kind?	Yes	No
Date of last tetanus shot?					
Is there any medical condition (heart condition, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?				Yes	No
Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
Does the participant have any allergies or dietary restrictions? If yes, please describe:				Yes	No
Name of all medications:					
Name and phone number of physician:					

Accommodations\*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability, Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\*Accommodations may include: speech, hearing or vision impairments that may effect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

\_\_\_\_\_  
 Signature of Parent/Guardian or Adult participant                      Date

## OREGON 4-H YOUTH DEVELOPMENT PROGRAM YOUTH CODE OF CONDUCT

The well-being of all 4-H program participants is important. Everyone has responsibilities.

*When I participate in 4-H programs, I agree to . . .*

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they're different from me.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I interact with, and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (ipods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Know and follow federal, state and local laws that apply to my age (e.g., tobacco, alcohol, illicit drugs, fireworks).
13. Know and follow safety policies of the Oregon State University, Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl's room / no girl in a boy's room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer; and, any other additional safety policies established by a specific event or program.)

*I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.*

\_\_\_\_\_ Date \_\_\_\_\_  
*Member Signature*

\_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Guardian Signature*

(Revised Nov. 2013)

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PLEASE PRINT

Group:			
Activity:		Date(s):	
Participant:	(Name)	Age:	Sex:
	(Street Address)		
	(City)	(State)	(Zip)
	(Home Phone)	(Work Phone)	(Cell Phone)

### ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY (With Participant Insurance)

*Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to (INSERT Department contact name \_\_\_\_\_ and Department address/phone \_\_\_\_\_ for contact). If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.*

I, the undersigned, am aware that participation in the Activity (hereafter referred to as **ACTIVITY**) describe above may include activities that may cause injury and dangerous. I acknowledge that participation in this **ACTIVITY** has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur:

**With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself.** I agree to comply with all of the rules and conditions of participating in the **ACTIVITY**. I understand there is limited medical coverage that covers me for injury or illness while participating in the **ACTIVITY**. This limited medical coverage will cover me as the primary insurance up to its limits. If the injury or illness exceeds the coverage limits, I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the **ACTIVITY** in excess of the coverage limits. I will indemnify and hold the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon State University, its employees, directors, officers, and agents (hereafter referred to as **UNIVERSITY**) harmless with respect to any and all claims, injuries, and costs associated with my participation in this **ACTIVITY**.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this **ACTIVITY** or around this **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**. I will conduct myself in a manner that is considerate of other participants and in accordance with **UNIVERSITY** Rules and Regulations (*including Student Code of Conduct, when applicable*) and with any state and city laws or rules where the **ACTIVITY** is occurring. If this **ACTIVITY** is an off-campus **UNIVERSITY** sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this **ACTIVITY** and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the **ACTIVITY** with a **UNIVERSITY** group and/or advisor, I will return with the group unless prior arrangements have been made with the **UNIVERSITY** faculty/staff who is supervising the **ACTIVITY**.

I recognize and acknowledge that **UNIVERSITY** may record my participation and appearance in **ACTIVITY** on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet). I authorize such recording and release **UNIVERSITY** to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. I further release **UNIVERSITY** to use material from blogs associated with **ACTIVITY** without restrictions or limitations for any educational or promotional purpose. *\*For minor participants, parent/guardian may opt out of this on the reverse side of the form.*

I am aware that if I provide a vehicle not owned and operated by the **UNIVERSITY** for transportation to, at, or from the **ACTIVITY** site, or if I am a passenger in such a vehicle, the **UNIVERSITY** is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**.

To the extent permitted by law, and in consideration for being allowed to participate in the **ACTIVITY**, I hereby save, hold harmless, discharge and release the **UNIVERSITY** from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the **ACTIVITY**, whether caused by the negligence or carelessness of the **UNIVERSITY** or otherwise.

**COMPLETE BOTH SIDES OF THIS FORM**

ORM-REV. 7.12

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

MEDICAL INFORMATION

I hereby certify that, with or without accommodation,\* I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

NAME OF CONTACT PERSON IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Complete Address: \_\_\_\_\_  
(street)

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(city) (state) (zip)

\*If you have a disability requiring an accommodation please contact (INSERT Dept contact name and phone number) \_\_\_\_\_  
\_\_\_\_\_ at least one week (7 days) before the date of the ACTIVITY.

SIGNATURES

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

DATE \_\_\_\_\_ PARTICIPANT OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**\*Participants who are not 18 years of age or older must sign above and also must obtain the signature of a parent or legal guardian below\***

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

MEDIA PERMISSION: As the Parent/Guardian for the Participant named on the front of this form I give permission for my minor child to be captured on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet).

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**COMPLETE BOTH SIDES OF THIS FORM**